MDR Tracking Number: M5-04-1436-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-22-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the professional components of intraoperative nerve testing, EEG during surgery, somatosensory testing, muscle testing, motor nerve conduction velocity for date of service 1/22/03 were not medically necessary as both the technical components as well as the professional components had already been performed. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 1/22/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of April 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

April 7, 2004

MDR Tracking Number: M5-04-1436-01
IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient is a 52-year-old male injured his lower back on ___ after lifting heavy boards that weighed roughly 100 pounds. After failure of conservative treatment, he underwent disc decompression and lumbar laminectomy surgery in February of 2000; this, too, eventually failed and in August of 2001, he underwent posterior decompression with instrumentation and fusion L3-5 with revision laminectomy. Finally, on 01/22/03, he was again in surgery for removal of the posterior segmental hardware and for excision of the pseudoarthrosis he had subsequently developed. The items in dispute in this case pertain to the intra-operative Electrodiagnostic testing performed in conjunction with his last surgery.

REQUESTED SERVICE (S)

Intra-operative nerve testing (95920-26), EEG during surgery (95955-26), somatosensory testing (95925-26), muscle testing, 2 limbs (95861-26), motor nerve conduction velocity (95900-26) for date of service 01/22/03

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The services submitted in this case represent Electrodiagnostic testing bearing the "-26" modifier, which represents only the professional component of the procedures. However, the records submitted for review in this case already included a report from ___ the neurologist who not only performed the technical components of these procedures during the surgery, but also read them and submitted a report. As such, both the technical components as well as the professional components had already been performed for these services, making it medically unnecessary for a second professional component to be performed.

In addition, per CPT (*Current Procedural Terminology*) it is incumbent upon the reporting physician who utilizes the "professional component" modifier (or, "-26") to submit a written report of their findings. However, no such report was included in the records from ___. So, even if it had been medically necessary for him to provide the professional component in this case, these services would have been denied anyway due to the lack of proper documentation of procedure (DOP).